

# Additional Information for Travelers with Insulin Controlled Diabetes

Please complete this form if the traveler has insulin controlled diabetes.

Traveler's Name \_\_\_\_\_

City and State \_\_\_\_\_

Exact name and brand of insulin used: Short acting: \_\_\_\_\_

Long acting (time & dose): \_\_\_\_\_

The insulin is delivered via: Pen \_\_\_\_\_ Syringe \_\_\_\_\_

Is insulin coverage for lunch taken \_\_\_\_\_ BEFORE or \_\_\_\_\_ AFTER the meal?

Target blood glucose: Pre-Meal: \_\_\_\_\_ mg/dl; 2 hours after meals: \_\_\_\_\_ mg/dl

### Insulin Coverage for: Meals, Snacks & Long Acting Insulin

Meal/Snack	Time	Insulin: Carb ratio	Carb grams per meal	Type of insulin	Units of insulin	Is sliding scale present?
AM						<input type="checkbox"/> Yes <input type="checkbox"/> No
Breakfast						<input type="checkbox"/> Yes <input type="checkbox"/> No
AM Snack						<input type="checkbox"/> Yes <input type="checkbox"/> No
Lunch						<input type="checkbox"/> Yes <input type="checkbox"/> No
PM Snack						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dinner						<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedtime						<input type="checkbox"/> Yes <input type="checkbox"/> No
Night						<input type="checkbox"/> Yes <input type="checkbox"/> No

### Sliding Scale

**Sliding Scale:** The amount of insulin used to cover an elevated blood glucose **over** the amount of insulin used to cover meals.

Correction Factor (Blood Glucose – Target) ÷ Sensitivity  
 Formula (if used) (Blood Glucose - \_\_\_\_\_ ÷ \_\_\_\_\_

If Blood Glucose is less than \_\_\_\_\_ mg/dl = Give **NO Sliding Scale Insulin**

Blood Glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dl give \_\_\_\_\_ Units

Blood Glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dl give \_\_\_\_\_ Units

Blood Glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dl give \_\_\_\_\_ Units

Blood Glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dl give \_\_\_\_\_ Units

Blood Glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dl give \_\_\_\_\_ Units

Blood Glucose above \_\_\_\_\_ mg/dl give \_\_\_\_\_ Units